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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

for FY 2007

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) **\$180.00**

## Complete if Known

Application Number	10/521,398 APPEAL NO. 2009-2835
Filing Date	January 14, 2005
First Named Inventor	Mary Lafuze Comer
Examiner Name	Robert Chevalier
Art Unit	2621
Attorney Docket No.	PU030148

## METHOD OF PAYMENT (check all that apply) CUSTOMER NUMBER: 24498

☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account: Deposit Account Number **07-0832** Deposit Account Name: **THOMSON LICENSING LLC**  
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

## FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

### 2. EXCESS CLAIM FEES

Fee Description	Small Entity	Fee (\$)	Fee Paid (\$)
Each claim over 20 (including Reissues)	50	25	
Each independent claim over 3 (including Reissues)	200	100	
Multiple dependent claims	360	180	
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
_____ - 20 or HP = _____	x _____	= _____	
HP = highest number of total claims paid for, if greater than 20.			
<b>Independent Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
_____ - 3 or HP = _____	x _____	= _____	
HP = highest number of independent claims paid for, if greater than 3.			

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	/ 50 = _____	(round up to a whole number) x _____	= _____	

### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)	Fees Paid (\$)
Other (e.g., late filing surcharge): <b>INFORMATION DISCLOSURE STATEMENT FEE: \$180.00</b>	<b>\$180.00</b>

## SUBMITTED BY

Name (Print/Type)	<b>JORGE TONY VILLABON</b>	Registration No. (Attorney/Agent)	<b>52,322</b>	Telephone	<b>(609) 734-6445</b>
Signature					<b>March 10, 2010</b>



Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

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## for FY 2007

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Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

#### 2. EXCESS CLAIM FEES

##### Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

##### Total Claims

\_\_\_\_\_ - 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20.

##### Independent Claims

\_\_\_\_\_ - 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3.

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##### Fees Paid (\$)

**\$180.00**

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Name (Print/Type)	JORGE TONY VILLABON	Registration No. (Attorney/Agent)	52,322	Telephone	(609) 734-6445
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